

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
 Registered No. 705

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Kimpton Seaman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Nov-10-1927
Month Day Year

8. FATHER
 Full name George Reginald Seaman
 9. Residence 361 West Mesquite St
(Usual place of abode)
 If non-resident, give place and state. Globe- Ariz.
 10. Color or race Cauc.
 11. Age at last birthday 43 (Years)

14. MOTHER
 Full maiden name Grace Estelle Morton
 15. Residence 361 West Mesquite St.
(Usual place of abode)
 If non-resident, give place and state. Globe- Arizona.
 16. Color or race Cauc.
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) London
(State or country) England

18. Birthplace (city or place) Mobile
(State or country) Ala.

13. Occupation Machinist
 Nature of industry Mining.

19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 20, 27 C. E. Orrin
 Registrar Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

825-1110-745